

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI**

BLANKET CREDIT CARD AUTHORIZATION

(ATTACH A COPY OF THE FRONT AND BACK OF YOUR CREDIT CARD)

PLEASE TYPE:

Name of Firm: _____

(If sole practitioner, type your name)

Address: _____

City: _____ State: _____ Zip code: _____

Telephone Number: _____ Contact Person: _____

hereby authorizes the United States Bankruptcy Court for the Southern District of Mississippi to charge the following credit card for payment of filing fees (and other fees approved for credit card use in the future) incurred by the authorized users listed below:

CHECK ONE (Each Card Requires a Separate Authorization)

Visa _____ MasterCard _____ American Express _____ Discover _____ Diners _____

CREDIT CARDHOLDER'S NAME: _____

STATEMENT MAILING ADDRESS: (required)

Street or P.O. Box Number: _____

City: _____, State: _____, Zip Code: _____

CREDIT CARD # _____ EXPIRATION DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

NAME OF INDIVIDUALS AUTHORIZED TO CHARGE TO THIS ACCOUNT:

_____	_____
_____	_____
_____	_____

This form will be securely maintained on file in the Clerk's Office and shall remain in effect until specifically revoked in writing. **It is the responsibility of the law firm/attorney named herein to notify the Clerk's Office when the information on this form has expired or changed, or if the card has been canceled or revoked.**

FOR COURT USE ONLY:

Date Received: _____ By: _____

In the event a charge against this account is denied, you will be notified immediately to make payment in cash, money order or check. Any abuse of this privilege may result in your removal from the credit card program.

Return Completed Form to: Mitzie Nations, Financial Administrator
U.S. Bankruptcy Court
P.O. Box 2448
Jackson, MS 39225-2448